NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS
1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017
617-727-4900 – http://www.state.ma.us/dia

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

Safety National Casualty Corporation

NAME OF INSURANCE COMPANY

1832 Schuetz Road  St. Louis, MO 63146

ADDRESS OF INSURANCE COMPANY

PRP4055669  09/01/2016 - 09/01/2017
POLICY NUMBER  EFFECTIVE DATES

MARSH USA INC.

NAME OF INSURANCE AGENT

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-2774  (212) 345-5000

ADDRESS  PHONE #

NEW YORK UNIVERSITY

NAME OF EMPLOYER

105 EAST 17TH STREET  NEW YORK, NY 10003

ADDRESS

EMPLOYER’S WORKERS’ COMPENSATION OFFICER (IF ANY)  DATE

Third Party Administrator:  GALLAGHER BASSETT SERVICES, INC., (888) 749-1950

MEDICAL TREATMENT

The above-named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers’ Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL  ADDRESS

TO BE POSTED BY EMPLOYER